

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2008 - 121 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Theodis L. Berger  
D.B.A. Berger and Associates

Address: 4323 Old Mill Rd Ste A

Anderson, SC 29621

Telephone: 864-225-8488

Fax: 864-225-8490

Other: 864-642-8361

Email: tlbsys@aol.co

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application – Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**  
**ATTN: DOCKETING DEPARTMENT**  
**101 EXECUTIVE CENTER DRIVE**  
**COLUMBIA, SC 29210**

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

(Office # 803-896-5100)

(Fax # - 803-896-5199)

**CLASS C – NON-EMERGENCY**

DATE March 24, 2008

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
 FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Theodis L. Berger d.b.a. Berger and Associates

2. (a) Street Address of Applicant 4323 Old Mill Rd

Ste A Anderson, SC 29621

- (b) Mailing address, if different from street address SAME

- (c) Telephone Number 864-225-8488 Fed. ID # 26-0528799

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Balance at Time Application is Filed:  
Month: 3 Year: 2008

|                                |            |
|--------------------------------|------------|
| <b>Assets:</b>                 |            |
| Cash                           | 10,000.00  |
| Receivables                    |            |
| Real Estate                    | 165,000.00 |
| Buildings and Equipment-Net    |            |
| Motor Vehicles-Net             | 6,000.00   |
| Garage Equipment-Net           |            |
| Machinery and Tools-Net        |            |
| Supplies on Hand               |            |
| Prepays and Other Assets       |            |
| Total Assets                   | 181,000.00 |
| <b>Liabilities and Equity:</b> |            |
| Accounts Payable               | 1575.00    |
| Notes Payable                  |            |
| Mortgages Payable              | 1499.00    |
| Equipment Obligations          |            |
| Accrued Salaries and Wages     |            |
| Other Accrued Obligations      |            |
| Other Liabilities              |            |
| Total Liabilities              | 3074.00    |
| Capital Stock                  |            |
| Retained Earnings              |            |
| Total Equity                   |            |
| Total Liabilities and Equity   | 3074.00    |

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF ANDERSON

Theodis L. Berger

(Name of Applicant's Representative)

(Title)

president

Theodis L. Berger DBA. Berger and Associates

I, the Applicant for the Certificate of Public

Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

on the 24 day of MARCH 2008

Sebastian  
(Notary Public)

Commission Expires: 11/15/12

Theodis L. Berger  
(Signature of Applicant's Representative)

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Theodis L. Berger d.B.A. Berger and Associates

For the transportation of passengers as follows:

Area to be served: Greenville, Anderson, Oconee, Pickens,  
Abbeville, Greenwood

Number of passengers: 7

Fares: \$50.00 per trip and \$3.00 per mile

\*\*\*\*\*

Date March 24, 2008 Theodis L. Berger  
By

President  
Title

## EXHIBIT D

**STATE OF SOUTH CAROLINA  
PUBLIC SERVICE COMMISSION**

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Seats if passenger carrier or tonnage if freight carrier.

\* Designate if equipped with wheelchair lift

Theodis L. Berger D.B.A. Berger and Associate  
(Applicant)

Date: March 24, 2008

Theodis L. Berger  
(Applicant's Representative)

(Title) president

**INSURANCE QUOTE**

The following insurance quote is for:

State Farm

\_\_\_\_\_  
(Name of Motor Carrier)

4323 Old mill Rd ste A Anderson, Sc29621

\_\_\_\_\_  
(Address of Motor Carrier)

**\*Note:** Bodily injury and property damage limits will not be less than the following:

|  |                    |
|--|--------------------|
| <b>a. Liability Combined Each Occurrence</b> | <b>\$1,000,000</b> |
| <b>b. Medical Payments/Each Person</b>       | <b>\$1,000</b>     |

**Amount of Premium:**

789.02

Liability Insurance \_\_\_\_\_

The above quoted premiums are for a term of \_\_\_\_\_ 6 \_\_\_\_\_ months.

State Farm Insurance Company

\_\_\_\_\_  
(Insurance Company Name)

4132 Clemson Ste A Anderson, SC 29621

\_\_\_\_\_  
(Home Office Address of Company)

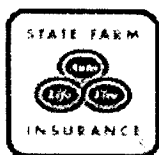
is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

\_\_\_\_\_  
Michael Hester

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Authorized Insurance Company Representative)

Quote attached



Print  
Close

## Continue to Purchase

Total premium for 1 vehicles

**\$789.02** (semi-annually)



**State Farm Payment Plan\***

**\$131.50** per month

\*NOTE: This estimated monthly payment does not include the additional fees required to pay the premium through one of our installment payment plans. Ask your agent for details about qualifying policies.

**State Farm®**  
Providing Insurance and Financial Services  
Home Office, Bloomington, Illinois 61710

**Michael J Hester**  
4132 Clemson Blvd  
Suite A  
Anderson, SC 29621  
(864) 222-1327

Like a good neighbor, State Farm is there.®

### Disclosures & How Your Quote Was Generated

Your quote is for a policy in our State Farm Fire & Casualty Company. We can insure you at a very competitive price even though you did not qualify for our most favorable rating plan and policy conditions provided in our State Farm Mutual Automobile Insurance Company. If your credit history was adversely influenced by certain life events such as catastrophic illness or injury, death of an immediate family member, temporary loss of employment, divorce, or identity theft, please talk to a State Farm agent about requesting an additional review of your information.

The rate quotes generated by this program are based upon the information you provided, as well as consumer report information, and are not a contract or binder. If you wish to proceed, please complete an online application (if available in your state) or contact a State Farm agent. The coverage descriptions provided are general descriptions of available coverages and are not a statement of contract. All coverages are subject to all policy provisions and applicable endorsements. To obtain coverage you must submit an application to State Farm. All applications are subject to underwriting approval. Consumer reports, including information from state motor vehicle records and prior insurance claims, will be used to verify your driving history and could affect the premium at which your policy is issued. Coverages and availability may vary by state or province, and additional minimum coverage limits may be available in your state. Because the rate charged must be in compliance with the Company's rules and rates, rate quotes are subject to revision if information used for rating changes or if different rates are effective at the time of policy issuance. For additional information, you can contact a State Farm agent.

#### Consumer Report and the Fair Credit Reporting Act

Thank you for selecting State Farm Insurance. We use information from consumer reports to help determine the rate you are charged and in which State Farm company your policy will be written. We get these reports from a consumer reporting agency. The consumer reporting agency only provided information to State Farm. It did not make any decisions regarding your insurance and is

unable to provide any reasons for State Farm's decision.

If the information in your consumer reports is inaccurate or incomplete, you may qualify for lower rates. You have the right to dispute any inaccurate or incomplete information with the consumer reporting agency. You can get a free copy of the reports by contacting the consumer reporting agency within 60 days after you receive this notice. Please send your questions or comments to:

ChoicePoint National Consumer Disclosure Center  
2885 Breckinridge Boulevard - Suite 200  
Duluth, GA 30096-4975  
Phone: 1-800-456-6004  
Internet: [www.consumerdisclosure.com](http://www.consumerdisclosure.com)

Any inquiry should include the following **reference number: 08470135521258**.

### General/Driver Information

**Quoted on:** 03/10/2008  
**Desired Effective Date:** 03/10/2008  
**Garage Address:** 4323 Old Mill Rd  
Anderson, SC 29621

### Driver Vehicle Usage

**theodis** **1999 DODGE CARAVAN**  
100%

**Vehicle 1 of 1: 1999 DODGE CARAVAN**

### Coverages

|  |                                       |                 |
|--|---------------------------------------|-----------------|
| <b>Bodily Injury / Property Damage</b> | \$1,000,000/\$1,000,000/<br>\$100,000 | \$407.35        |
| <b>Personal Injury Protection</b>      | \$5,000 with Inc Loss                 | \$46.76         |
| <b>Comprehensive</b>                   | \$500                                 | \$71.21         |
| <b>Collision</b>                       | \$500                                 | \$140.21        |
| <b>Uninsured Motor Vehicle</b>         | \$100,000/\$300,000/<br>\$100,000     | \$23.70         |
| <b>Underinsured Motor Vehicle</b>      | \$100,000/\$300,000/<br>\$100,000     | \$84.49         |
| <b>Emergency Road Service</b>          |                                       | \$2.60          |
| <b>Car Rental and Travel Expense</b>   | 80% of Cost Max \$500                 | \$12.70         |
| <b>Total Premium Vehicle 1 of 1:</b>   |                                       | <b>\$789.02</b> |

### Premium Adjustments

The Premium Adjustments you selected or qualified for are listed below.

**Vehicle Safety Discount** Level 3  
**3 Star Discount**

**IRG:014 RATE:S TERR:007 CL:1E STAR:3**

**LRG:05 PO:1 PRF:1.00 DA:1(1)**

Other options available only through a State Farm agent.

[Print](#)  
[Close](#)



**EXHIBIT FWA**

Name: Theodis L. Berger d.B.A Berger and Associates  
Address: 4323 Old Mill Rd Ste A Anderson, SC 29621  
Telephone No. 864.225.8488 Fax No. 864.225.8490

U.S.D.O.T. No. \_\_\_\_\_ ICC No. \_\_\_\_\_

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes \_\_\_\_\_ No X Pending \_\_\_\_\_ (Submit when received)  
(If "yes", indicate rating and provide copy) Satisfactory \_\_\_\_\_  
Conditional \_\_\_\_\_  
Unsatisfactory \_\_\_\_\_

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes \_\_\_\_\_ No X

3. Are there currently any outstanding judgement(s) against Applicant?

Yes \_\_\_\_\_ No X  
(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes X No \_\_\_\_\_

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes X No \_\_\_\_\_

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

*Theodis Berger*  
(Applicant's Signature)

Sworn to before me

This 24 day of March 2008  
*Swamin*  
(Notary Public)

Commission Expires: 11/15/12

## APPLICANT'S OATH

Theodis L. Berger d.b.A

I, Berger and Associates verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record of Annual Inspection forms on file at the company's primary place of business. I further certify that according to R. 103-133(4) (a), Proof Required to Justify Approving an Application, I have read the attached regulations governing Class C Non-Emergency Carriers and pledge to abide by these and all pertinent Statutes, Standards and Regulations. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)

Theodis Berger  
(Applicant's Signature)

*Sworn to before me*

This 24 day of MARCH, 2008

Sam  
(Notary Public)

Commission Expires: 11/15/12